

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90007 019 ****50.00

DOCUMENT # L05000033073

1. Entity Name
PERFECT TOUCH MASSAGE, LLC



Principal Place of Business
1730 NW 190TH TERR.
OPA LOCKA, FL 33056

Mailing Address
1730 NW 190TH TERR.
OPA LOCKA, FL 33056

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DO NOT WRITE IN THIS SPACE

07102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
34-2040931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALL, OSWALD
1730 NW 190 TERR
OPA LOCKA, FL 33056

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMALL, OSWALD
1330 NW 190 TERR
OPA LOCKA, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #